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THIS SHOULD BE SIGNED BY PHYSICIANS SHOULD STATE CAUSE OF DEATH IN Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Pima
District _____
Town _____
Or City Tucson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **553**

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 812

Local Registrar's No. _____

No. 745 N. 3rd Ave St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Alberto Chapa

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White Indian SINGLE
MARRIED
WIDOWED
or DIVORCED

DATE OF BIRTH May first 1913
(Month) (Day) (Year)

AGE X yrs. 10 mos. 21 days If less than 1 day, hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Nogales - Son - Mex

NAME OF FATHER Manuel Chapa

BIRTHPLACE OF FATHER Corpus Christi - Texas
(State or country)

MAIDEN NAME OF MOTHER Marganta Mc Lain

BIRTHPLACE OF MOTHER El Paso - Texas
(State or county)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Manuel Chapa
(Address) Tucson, Ariz.

PLACE OF BURIAL OR REMOVAL Holy Hope Cemetery DATE OF BURIAL OR REMOVAL Feb. 23rd 1914

UNDERTAKER M. Nwara ADDRESS Tucson, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22nd 1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 10th Feb 1914 to 21st Feb 1914; that I last saw h. son alive on 21st Feb 1914 and that death occurred on the date stated above at 12th M. The DISEASE or INJURY causing Death was as follows: measles, Bronchitis

(Duration) yrs. mos. 11 days

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY Bronchitis - pneumonia

(Duration) yrs. mos. 3 days

(Signed) Geo D. Montman

1914 (Address) 605 S. 1st St. Tucson, Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death yrs. 10 mos. 21 ds. In Arizona yrs. 10 mos. 21 ds.

Former or Usual Residence _____

Filed Feb 23 1914 Geo D. MontmanFiled 2/28 1914 Geo D. Montman

Local Registrar

County Registrar